Form LO2

COUNTY OF SAN DIEGO QUARTERLY DISCLOSURE STATEMENT OF COUNTY OFFICER OR EMPLOYEE QUARTER ENDING _____

Under San Diego County Code Section value from a registered legislative advestatement disclosing certain expenditure. Clerk of the Board of Supervisors by _	ocate is required to file, res made during the pred	between the 1st and 15th day of ceding quarter. The written state	each calendar quarter	, a written
Name of County Officer or Employee			Telephone Number	
	Cita	Charle	7: C- 1-	Address
	City	State	Zip Code	
Department Name or Board/Commission/	Committee Name			
	gregate in any one quar	ter in providing food, drink, lodg or political campaign contribution		
Legislative Advocate from Received	Registration No.	Nature of Receipt	Value	
If you need more space, please atta	ach additional page			
I CERTIFY UNDER PENALTY (CORRECT.	OF PERJURY THAT	THE FOREGOING STATE	EMENTS ARE TR	UE AND
Date	_	Signature of County Officer of	r Employee	
RETURN TO:				

CLERK OF THE BOARD OF SUPERVISORS County Administration Center 1600 Pacific Highway, Room 402 San Diego, CA 92101